

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3296

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3959 A Willmington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Hilda Weitkamp

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8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 4, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 3 4 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER { 12. Name Henry Weitkamp
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Schmidt
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Weitkamp

(b) Address 3959 Willmington Ave.

17. (a) Burial (b) Date thereof 4/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl

19. (a) APR 10 1940
(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3959 A. Wilmingtton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr. 3
1940, to APR 8, 1940
that I last saw her alive on Apr. 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart failure
Due to Rheumatic Heart disease
with fibrillation - mitral
Due to stenosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings
Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John J. Burke (M. D. or other) ME
Address 6402 Morganford Date signed 4-4-40

Q. Class 13849.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wang Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquet

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.